

(Rev. 5/05)

FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE

(1) JOHN WIMBLEY
(Name of Plaintiff) (Inmate Number)

P.O. BOX 9561 Wilm, DE, 19809
(Complete Address with zip code)

(2) _____
(Name of Plaintiff) (Inmate Number)

(Complete Address with zip code)

(Each named party must be listed, and all names
must be printed or typed. Use additional sheets if needed)

vs.

(1) OFFICER BROWN

(2) SERGEANT READ

(3) _____
(Names of Defendants)

(Each named party must be listed, and all names
must be printed or typed. Use additional sheets if needed)

I. PREVIOUS LAWSUITS

- A. If you have filed any other lawsuits in federal court while a prisoner, please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

NONE

6 - 572

(Case Number)
(to be assigned by U.S. District Court)

CIVIL COMPLAINT

Scanned- BD 9/13/06

- • Jury Trial Requested



IFP

II. EXHAUSTION OF ADMINISTRATIVE REMEDIES

In order to proceed in federal court, you must fully exhaust any available administrative remedies as to each ground on which you request action.

A. Is there a prisoner grievance procedure available at your present institution? • ☒ Yes • No

B. Have you fully exhausted your available administrative remedies regarding each of your present claims? • ☒ Yes • No

C. If your answer to "B" is Yes:

1. What steps did you take? I filed a grievance on 6/3/06 in FULTON COUNTY Jail (SEE EXHIBIT A)
2. What was the result? THE OFFICER took it upon his self to throw there copy of my grievance away.

D. If your answer to "B" is No, explain why not: _____

III. DEFENDANTS (in order listed on the caption)

(1) Name of first defendant: OFFICER Deputy Brown

Employed as C/O Guard at FULTON COUNTY JAIL

Mailing address with zip code: 901 RICE STREET ATLANTA
GA 30318

(2) Name of second defendant: SERGEANT READ

Employed as C/O Guard at FULTON COUNTY

Mailing address with zip code: 901 RICE STREET ATLANTA
GA 30318

(3) Name of third defendant: _____

Employed as _____ at _____

Mailing address with zip code: _____

(List any additional defendants, their employment, and addresses with zip codes, on extra sheets if necessary)

IV. STATEMENT OF CLAIM

(State as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three extra sheets of paper if necessary.)

1. INCIDENT DATE 6/1/06 Wednesday morning 8/3 shift (3) THREE 100 ZONE MENTAL HEALTH unit. ON or about 11:30 AM ON ZONE (3) THREE C/O BROWN had a problem with a mother inmate C/O BROWN said (~~that~~) that kick her at lunch time.
2. SERGEANT READ try to restrain the inmate. And officer BROWN and the SERGEANT READ allowed (2) two other inmate, trustys workers held the inmate down while C/O BROWN beat the inmate down to the floor. THE inmate worker held inmate down while C/O BROWN hand cuff inmate that was just beat down. THE inmate John Wimbley WAS moved of the MENTAL Health unit (3) three days later and taken to another unit and hand cuff by SGT READ and beat in his head while he was hand cuff to bed.
- 3.

V. RELIEF

(State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.)

1. I want to sue C/O BROWN and SGT READ in there individual compassionately and offishaul compassionately. For 200,000.00 dollars. For handcutting me to the bed a hitting me in the head with another pare hand cuff.

2. I JOHN WIMBLEY send EXHIBIT'S (A)
of his grievance Form, A copy of all
the witness that seen SGT READ
handcuff me to the bed and Beat me
in my forehead with another sit of
Hand cuff. EXHIBIT (B) EXHIBIT (C) 1 of 2 pages

3. _____

I declare under penalty of perjury that the foregoing is true and correct.

x Signed this 26 day of August, 2 2006.

x John Wimbley _____
(Signature of Plaintiff 1)

(Signature of Plaintiff 2)

(Signature of Plaintiff 3)

JOHN WIMBLEY, S.B.I.#/65136
P.O. Box 9561 ID-20
Howard Young Correctional
Wilm, DE 19809

U.S.M.S.
X-RAY

CLERK

U.S. DISTRICT COURT

LOCKBOX 18

844 NORTH KING ST

Wilmington, DE 19801

Legal
Mail

ROUTINE ☐

FULTON COUNTY JAIL

GRIEVANCE NO.:

EMERGENCY ☒

INMATE GRIEVANCE FORM

TO BE ASSIGNED BY THE
GRIEVANCE OFFICER.....Jesse L. Ambler
NAME0610707
BOOKING NO.103
CELL NO.6-3-06
INCIDENT DATE

STATE TO THE POINT, THE FACTS OF YOUR GRIEVANCE (ATTACH EXTRA PLAIN SHEETS IF NECESSARY)

On the above date and time 11:30 AM 3 North #100 ON 3/3 Shift
 In Fulton County Jail there was a problem that took place on
 2006 3/3/06 with two officers of Justice at the time of incident
 Lunch the officer had a problem with a inmate that officer Deputy
 Blawie she states that the inmate kick her Sergeant and try to
 Restrain the inmate and ~~with~~ officer Deputy Blawie put the
 Sergeant back Allowed a inmate that are usually worker there
 Inmate 3000 for as trashy inmate worker there is a
 Inmate that used to have with 3 inmates and Sergeant used that
 Deputy ~~Blawie~~ this inmate owes to the other inmate Deputy worker
 had the officer that call putting the head call on the Inmate
 Inmate 10-1-11 2006 3 North 100 mental health how he was
 from 3 day later

SIGNATURE OF INMATE

DATE OF REPORT

RECEIVED BY GRIEVANCE OFFICER -

TIME:

DATE:

GRIEVANCE OFFICER'S REPORT

SIGNATURE OF GRIEVANCE OFFICER

DATE

I DO ☐ DO NOT ☐ AGREE WITH THE DECISION OF THE GRIEVANCE OFFICER.

SIGNATURE

DATE

2 NORTH 100 ZONE 1000/101 100/110 Floor

EXHIBIT
(B)

I WITNESS OF INCIDENT

Incident Date ^{Date} Wednesdays morning 6/1/06

Time 11:30 Am Block 8/3 Shift 3 North 100

Zone 3 North 100 mental Health Floor

1 THOMAS J. ARMSTRONG 47089 JES

2 SCOTT K. HESTER 866391

3 Everett Elliott

4 J. L. ... 93092051

5 ...

6 Jonathan L Ford

7 ...

8 ... 822769

9 ...

10 ...

11

12

13

14

15

16

17

I petition the Court of Justice
 I witness of Incident
 please be advised 6/1/06/
 FULTON COUNTY Jail

EXHIBIT
 (C)

INCIDENT Date Wednesday morning 6/1/06
 time 1130 AM North 33 Shift 3 North 100
 Zone 3 North 100 mental health floor

On the above date and time 1130 AM I was

in the cell of the Fulton County Jail

ATLANTA GA there was a program of the

place on zone 3 North 100 North 100

at the time of Sergeant Lunch the

at the time of a program of the

at the time of a program of the

Her Sergeant Read try to Restored the

inmate and officer Deputy Brown and the

Sergeant Read Allowed 2 inmate for trusty

worker there Location 3 North 600 AS trusty

inmate worker inmate for was involve with

3 inmate and Sergeant Read and Deputy Brown

is a woman Besting the inmate down to the

floor, inmate trusty worker had the other

hand cuff police the hand cuff on the

inmate the inmate was move 3 Day later from

3 North 100 mental health floor then the

Sergeant Read Come in to my cell and

put Hand cuff on I talk wimbly to my bed and

Beat me in the head with His 1977 A other inmate

beat me in the head with His 1977 A other inmate

EXHIBIT
(C)

that I'll And I'm not give you any thing to eat for 4 or 5 days at a time. However are civil rights there be Violated and Constitutional Right, And Refuse to give me medical treatment INSIDE ZONE 100 North 100 FULTON COUNTY Jail 901 Rice St ATLANTA GA 30318. All the ZONES ON 3 North EVIDENCE could be EXAMINED AND tested All The ZONE Have Tower and Camera on the Zone IF the Camera was Supplied to the Court it would Show the EVIDENCE of my argument.